

Case Number:	CM14-0111783		
Date Assigned:	09/16/2014	Date of Injury:	09/07/2010
Decision Date:	10/15/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

After careful review of the medical records, this is a 50 year old male with complaints of low back pain and left shoulder pain. The date of injury is 9/7/10 and the mechanism of injury is motor vehicle accident/collision (driving a van that was struck in the rear by another vehicle). At the time of request for Vicodin 10/325#60 2 refills and Lidoderm 5% patch 2 refills, there is subjective (low back pain, left shoulder pain) and objective (provocative low back pain on seated leg raise with no lower extremity radiation, moderate pain over the L3-4, L4-5 and L5-S1 region, moderate pain/spasm noted over left deltoid and infraspinatus region, positive empty can sign) findings, imaging findings (none submitted), diagnoses (lumbar disc injury with facet arthralgia, left rotator cuff syndrome with superior labrum anterior and posterior tear, left lateral and medial epicondylitis) and treatment to date (medications, home exercise). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. Topical Lidocaine may be recommended for localized peripheral pain and neuropathic pain after there has been evidence of a trial of first line therapy such as an AED.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Vicodin 10/300 Quantity 60 Two Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do support/supply the majority of this information, it is my opinion that the request for Norco 10/325 #60x2 is medically necessary.

Lidoderm 5% Patch Two Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 56, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Lidoderm(Lidocaine patch) Page(s): 56-57.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, Topical Lidocaine may be recommended for localized peripheral pain and neuropathic pain after there has been evidence of a trial of first line therapy such as an AED. As there is no documentation of a failed trial with antiepileptics and albeit functional improvement on lidoderm(with other medications) as well as a diagnosis that does not support neuropathy, it is my opinion that this medication is not medically necessary.